

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141

Primary Registration District No. 1002

Registrar's No. 6205

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 26 1962

VS 300  
Rev. 4/59

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2 8/50  
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4 0  
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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>Phillips</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>STUTTGART</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>BOX 31</b>
3. NAME OF DECEASED (Type or print) First <b>OMER</b> Middle <b>OTTO</b> Last <b>HUFF</b>		4. DATE OF DEATH Month <b>December</b> Day <b>6</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-18-99</b>
9. AGE (last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grain buyer and elevator manager</b>	
11. BIRTHPLACE (City and state or country) <b>Stella, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Rufus E. Huff</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Gibbs</b>	
14. NAME OF HUSBAND OR WIFE <b>Elizabeth L. Huff</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>	
16. INFORMANT <b>Elizabeth L. Huff, wife</b>		17. VA Hospital Official Records, K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Recurrent squamous cell carcinoma of right lung with metastases to left lung and liver</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. VA attended the deceased from <b>December 2, 1962</b> to <b>December 6, 1962</b> Death occurred at <b>12:42</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. H. OWINGS, M.D.</b>		22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	
22c. DATE SIGNED <b>12-6-62</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-6-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Phillipsburg Cemetery Phillipsburg Kans.</b>	
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons K.C.K.</b>		25. DATE RECD. BY LOCAL REG. <b>12-7-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John T. Owen

Licensed Embalmer No. 4453

P. O. Address Manassas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.